

Recipient Committee  
Campaign Statement  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM 460

Page 1 of 2

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from JAN 1, 2000  
through JUNE 30, 2000

Date of election if applicable:  
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed  
Controlled  
Sponsored  
(Also Complete Part 5.)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored  
Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

981946

COMMITTEE NAME

COMMITTEE TO ELECT TAJ KHAN  
TO LODI CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

1112 RIVERGATE DR.

CITY

LODI

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209 368-5586

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

TARIQ DIN

MAILING ADDRESS

P.O. BOX 1712

CITY

LODI

STATE

CA

ZIP CODE

95241

AREA CODE/PHONE

209 483-81

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 2

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TAS KHAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1112 RIVERGATE DR. LODI CA 95240

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/00  
DATE

Executed on 7/31/00  
DATE

Executed on  
DATE

Executed on  
DATE

By [Signature]   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]   
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2000</u> through <u>JUNE 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>    </u>	I.D. NUMBER <u>981946</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$	\$ <u>8961.41</u>	\$ <u>8961.41</u>
2. Loans Received ..... Schedule B, Line 7		<u>-</u>	<u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$	\$ <u>8961.41</u>	\$ <u>8961.41</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		<u>698.00</u>	<u>698.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$	\$ <u>9659.41</u>	\$ <u>9659.41</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$	\$ <u>8961.41</u>	\$ <u>8961.41</u>
7. Loans Made ..... Schedule H, Line 7			
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$	\$ <u>8961.41</u>	\$ <u>8961.41</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3			
10. Nonmonetary Adjustment ..... Schedule C, Line 3		<u>698.00</u>	<u>698.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$	\$ <u>9659.41</u>	\$ <u>9659.41</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$	
13. Cash Receipts ..... Column A, Line 3 above		
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4		
15. Cash Payments ..... Column A, Line 8 above		
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$	

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$	
---	----	--

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$	
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$	

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ <u>9659.41</u>	
21. Expenditures Made .....	\$ <u>9659.41</u>	

**Schedule A**  
**Monetary Contributions Received**

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>JAN 1, 2000</u> through <u>JUNE 30, 2000</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>2</u>		
NAME OF FILER <u>TAJ KHAN</u>		I.D. NUMBER <u>981946</u>

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		NONE	NONE	8961.4
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

Schedule A (Continuation Sheet)  
Monetary Contributions Received

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2</u> through <u>JUNE 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>2</u>	I.D. NUMBER <u>981946</u>

NAME OF FILER

TAS KHAN

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	NOT APPLICABLE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$						

\*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other

Schedule B – Part 1  
Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from JAN 1, 2000  
through JUNE 30, 2000

**CALIFORNIA FORM 460**

Page 1 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	NOT APPLICABLE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		OTHER		OTHER
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH						
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		OTHER		OTHER
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH						
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		OTHER		OTHER
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH						
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor							
SUBTOTAL \$							Enter (b) on Summary Page, Line 17 only.	

Schedule B – Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized loans of less than \$100 ..... \$ \_\_\_\_\_
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ \_\_\_\_\_

Schedule B – Part 2 Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ \_\_\_\_\_
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ \_\_\_\_\_
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ \_\_\_\_\_
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 2. .... NET \$ \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.

FPPC Form 460 (8/99)

Schedule B - Part 1 (Continuation Sheet)  
Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1 (CONT.)

Statement covers period  
from JAN 1, 2000  
through JUNE 30, 2000

**CALIFORNIA FORM 460**

Page 2 of 4

NAME OF FILER

TAT KHAN

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	NOT APPLICABLE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		\$		\$
						OTHER		OTHER
						\$		\$
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		\$		\$
						OTHER		OTHER
						\$		\$
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		\$		\$
						OTHER		OTHER
						\$		\$
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		\$		\$
						OTHER		OTHER
						\$		\$
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor			INTEREST RATE		\$		\$
						OTHER		OTHER
						\$		\$
SUBTOTAL \$							Enter (b) on Summary Page, Line 17 only.	

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

Schedule B – Part 2  
Repayments Made on Loans Received, Loans  
Forgiven, and Loans Repaid by a Third Party

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period  
from JAN 1, 2000  
through JUNE 30, 2000

**CALIFORNIA FORM 460**

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

I.D. NUMBER

981946

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(c) AMOUNT REPaid OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID
		NOT APPLICABLE				

• Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

TOTAL INTEREST  
PAID THIS PERIOD \$

\* IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the Schedule E Summary, Line 3. Do not carry this total to the Schedule B Summary.



Schedule B – Part 3  
Annual Report of Outstanding Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 3

Statement covers period  
from JAN 1 2000  
through JUNE 30, 2000

**CALIFORNIA FORM 460**

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

I.D. NUMBER

981946

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$

NOTE: This total should be  
the same amount as entered  
on the Summary Page,  
Column C, Line 2.

FPPC Form 460 (8/99)  
For Technical Assistance: 916/822-5550

Schedule C  
Nonmonetary Contributions Received

Type or print in ink.  
to whole dollars.

Statement covers period from <u>JAN 1, 2000</u> through <u>JUNE 30, 2000</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>1</u>		
I.D. NUMBER <u>991946</u>		

SEE INSTRUCTIONS ON REVERSE

TAJ KHAN

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		—	—	—	698.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 698.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ —
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ —
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ —

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from JAN 1, 2000  
through JUNE 30, 2000

SCHEDULE D  
**CALIFORNIA FORM 460**  
Page 1 of 1  
I.D. NUMBER  
981946

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

TAJ KHAN

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<p><u>NOT APPLICABLE</u></p> <p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year _____ Other _____
	<p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year _____ Other _____
<b>SUBTOTAL \$</b>					

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** \_\_\_\_\_

Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from JAN 1 2000  
through JUNE 30

SCHEDULE D (CONT.)

**CALIFORNIA**  
**FORM 460**

NAME OF FILER

TAJ KHAN

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<p><u>NOT APPLICABLE</u></p> <p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<p><input type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>					

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE E	
from	JAN 1, 2000	CALIFORNIA FORM	460
through	JUNE 30, 2000	Page	1 of 2
		I.D. NUMBER	981946

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAS KHAN

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	Independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	Information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NOT APPLICABLE			

\* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	—
2. Unitemized payments made this period of under \$100	\$	—
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	—
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	—

Schedule E  
(Continuation Sheet)  
Payments Made

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

TAI KHAN

Statement covers period from <u>JAN 1, 2000</u> through <u>JUNE 30, 2000</u>	<b>CALIFORNIA FORM 460</b> Page <u>2</u> of <u>2</u> I.D. NUMBER <u>981946</u>
--	---

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NOT APPLICABLE				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule F  
Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from JAN 1, 2000  
through JUNE 30, 2000

**CALIFORNIA**  
**FORM** **460**

Page 1 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAI KHAN

I.D. NUMBER

981946

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NOT APPLICABLE					

Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>JAN 1, 2000</u> through <u>JUNE 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER <u>981946</u>	

NAME OF FILER

TAJ KHAN

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NOT APPLICABLE					
SUBTOTALS \$		\$	\$	\$	\$



Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>JAN 1, 2000</u> through <u>JUNE 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>1</u>	I.D. NUMBER <u>981946</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (8/99)  
For Technical Assistance: 916/422-5660

Schedule H – Part 1  
Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - PART 1

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>1/1/2000</u>	through <u>6/30/2000</u>	
Page <u>1</u> of <u>3</u>		I.D. NUMBER <u>981946</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
	NOT APPLICABLE			

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$

Schedule H – Part 1 Summary

- Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) ..... \$
- Unitemized loans under \$100 made this period ..... \$
- Total loans made this period. (Add Lines 1 and 2.) ..... TOTAL \$

Schedule H – Part 2 Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee – Part 2 (a) subtotals.  
If forgiven, also itemize on Schedule E.) ..... \$
- Unitemized payments received on loans under \$100.  
(Including a forgiveness.) ..... \$
- Total loan payments received this period.  
(Add Lines 4 and 5.) ..... TOTAL \$
- Net change this period. (Subtract Line 6 from Line 3.  
Enter the net here and on the Summary Page, Column A, Line 7.) ..... NET \$

May be a negative number

## Schedule H – Part 2

### Repayments on Loans Made to Others and Loans Forgiven

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - PART 2

**CALIFORNIA 460**  
**FORM**

Page 2 of 3

I.D. NUMBER

981946

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

TAI KHIAN

[illegible]

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

TOTAL INTEREST RECEIVED THIS PERIOD	\$
---	----

*\* IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.*

Enter the amount in column (b) in the Schedule I Summary, Line 3. Do not carry this total to the Schedule H Summary.

# Schedule H - Part 3

## Annual Report of Outstanding Loans Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period

from 1/1/2000through 6/30/2000
**CALIFORNIA**  
**FORM 460**
Page 3 of 3

I.D. NUMBER

981946

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$

NOTE: This total should be  
the same amount as entered  
on the Summary Page,  
Column C, Line 7.

Schedule I  
Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 1/1/2000  
through 6/30/2000

**CALIFORNIA FORM 460**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAN

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NOT APPLICABLE		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$


**Schedule I Summary**

- Increases to cash of \$100 or more this period. .... \$
- Unitemized increases to cash under \$100 this period. .... \$
- Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) .... \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL \$



***MEMORANDUM***  
***Office of the Lodi City Clerk***

**TO:** File

**FROM:** Jennifer M. Perrin   
Deputy City Clerk

**DATE:** August 1, 2000

**SUBJECT:** 1<sup>ST</sup> SEMI-ANNUAL CAMPAIGN FILING FOR TAJ KHAN

---

The 1<sup>st</sup> Semi-Annual Campaign Filing for Committee to Elect Taj Khan for City Council was submitted to the City Clerk's office one day late (received August 1, 2000 at 8:23 a.m.). Per City Clerk Blackston, due to the fact that Mr. Khan has not had a history of late filings, she waived the associated fine.

I relayed this information to Taj Khan by message on Tuesday, August 1, 2000.

JMP